## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 1 OF 4 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)	C IDENTIFICATION NUMBER ▼			
ESAFund	C00489856			
Check if 24-hour report 48-hour report New report Amends report filed on	/ D = D / Y = Y = Y			
Full Name of Payee Date of Pr	ublic Distribution/Dissemination			
McCarthy Hennings Media, Inc.				
Mailing Address 1850 M Street, N.W., #235  Amount				
City State Zip Code	22453.87			
Washington DC 20004 Transaction	on ID : SE.6968 visbursement or Obligation			
Purpose of Expenditure media production Category/ Type	/ D D / Y Y Y Y			
Name of Federal Candidate Support Office Sought:	House District:			
Boustany, Charles W., , Dr., Jr.  President	Senate State: LA			
Calendar Year-To-Date Per Election for Office Sought  Disbursement Fo 2016  Other	or: Primary <b>X</b> General (specify) ►			
	Public Distribution/Dissemination			
McCarthy Hennings Media, Inc.	04 2016			
Mailing Address 1850 M Street, N.W., #235  Amount				
City State Zip Code	16568.64			
Date of D	on ID : SE.6970 Disbursement or Obligation			
Purpose of Expenditure media production Category/ Type	/ D D / Y Y Y Y Y			
Name of Federal Candidate Support Office Sought:	House District:			
Fleming, John C., , , Jr. President	Senate State: LA			
Calendar Year-To-Date Per Election for Office Sought  Disbursement For 2016  Other	or: Primary <b>X</b> General			
(a) SUBTOTAL of Itemized Independent Expenditures	39022.51			
	7			
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7			
(c) TOTAL Independent Expenditures	7 1 7 1 7			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
(77)	05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	TI EXI EITE	HONLO		PAGE 2 OF 4 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FI	EC IDENTIFICATION NUMBER ▼
ESAFund				C00489856
Check if 24-hour report 🗴 48-hour report	X New rep	port Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Mentzer Media Services, Inc.			М =	
Mailing Address 600 Fairmount Avenue, #306			Amount	04 2016
City	State	Zip Code		107727.00
Towson	MD	21286		tion ID : SE.6974 Disbursement or Obligation
Purpose of Expenditure media placement		Category/ Type	M	M / D D / Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:
Boustany, Charles W., , Dr., Jr.		<b>x</b> Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	0.00	Disbursement F 2016 Othe	For: Primary <b>X</b> General er (specify) ▶
Full Name of Payee			Date of	Public Distribution/Dissemination
Mentzer Media Services, Inc.			M 10	0 04 2016
Mailing Address 600 Fairmount Avenue, #306				0 04 2016
			Amount	
City	State	Zip Code		101723.00
Towson	MD	21286		ion ID : SE.6976 Disbursement or Obligation
Purpose of Expenditure media placement		Category/ Type	M	M / D D / Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:
Fleming, John C., , , Jr.		<b>X</b> Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	0.00	Disbursement F 2016 Othe	For: Primary <b>X</b> General er (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ires		·· •	209450.00
(b) SUBTOTAL of Unitemized Independent Expendent	ditures			41141141
(c) TOTAL Independent Expenditures			·	7 1 7 1 7 1
Under penalty of perjury I certify that the indepen- with, or at the request or suggestion of, any candi- party committee) any political party committee or it	date or authorized			
Watkins, Nancy H., , ,	[Electron	nically Filed] Date		05 2016
Signature				

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	LXI LIIDI	101120		PAGE 3 OF 4 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
ESAFund				C C00489856
Check if 24-hour report <b>X</b> 48-hour report	X New repo	ort Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payee Mentzer Media Services, Inc.				of Public Distribution/Dissemination
Mailing Address 600 Fairmount Avenue, #306			[	10
600 Fairmount Avenue, #306			Amou	unt
City	State	Zip Code		1697.93
Towson	MD	21286		saction ID : SE.6984 of Disbursement or Obligation
Purpose of Expenditure media placement		Category/ Type		M = M / D = D / Y = Y = Y = Y
Name of Federal Candidate		Support	Office Sough	ht: House District:
Boustany, Charles W., , Dr., Jr.		<b>x</b> Oppose	Presid	lent Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursemer 2016	nt For:
Full Name of Payee			Date	of Public Distribution/Dissemination
Mentzer Media Services, Inc.			[	10
Mailing Address 600 Fairmount Avenue, #306			Amo	unt
City	State	Zip Code		1697.93
Towson	MD	21286		action ID : SE.6986 of Disbursement or Obligation
Purpose of Expenditure media placement		Category/ Type	] [	M = M / D = D / Y = Y = Y
Name of Federal Candidate		Support	Office Soug	ht: House District:
Fleming, John C., , , Jr.		<b>x</b> Oppose	Presid	dent Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		0.00	Disburseme 2016	nt For: Primary <b>X</b> General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.				3395.86
(a) 002 10 112 of 101112 of 110112 o				3330.00
(b) SUBTOTAL of Unitemized Independent Expenditure	es		•	7 7
(c) TOTAL Independent Expenditures			•	171171171
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized			
Watkins, Nancy H., , ,	[Electroni	ically Filed] Date	10	05 / 2016

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼				
ESAFund					
	C C00489856				
Check if 24-hour report					
Full Name of Payee	Date of Public Distribution/Dissemination				
Moon Griffon Enterprises	10 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Mailing Address 325 Rue Novembre	Amount				
City State Zip Code	20350.00				
Scott LA 70583	Transaction ID : SE.6966				
	Date of Disbursement or Obligation				
Purpose of Expenditure media placement Category/ Type	M M / D D / Y Y Y Y				
Name of Federal Candidate Support Office	e Sought: House District:				
Boustany, Charles W., , Dr., Jr.	President Senate State: LA				
Calendar Year-To-Date Per Election for Office Sought  Disbr 2016	ursement For: Primary   General  Other (specify) ▶				
Full Name of Payee	Date of Public Distribution/Dissemination				
Red November, LLC	M = M / D = D / Y = Y = Y				
Mailing Address 1557 Brame Drive	10 03 2016				
- Toor Blaine Bille	Amount				
City State Zip Code	2000.00				
Baton Rouge LA 70808	Transaction ID : SE.6980				
Purpose of Expenditure  Category/	Date of Disbursement or Obligation				
media production Type					
Name of Federal Candidate Support Offic	e Sought: House District:				
Boustany, Charles W., , Dr., Jr.	President Senate State: LA				
	ursement For: Primary X General				
Per Election for Office Sought 0.00 2016					
(a) SUBTOTAL of Itemized Independent Expenditures	22350.00				
(b) SUBTOTAL of Unitemized Independent Expenditures					
7					
(c) TOTAL Independent Expenditures	274218.37				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Watkins, Nancy H., , ,	M / D D / Y Y Y Y Y				
[Electronically Filed] Date	0 05 2016				